FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1 (See instructions)			Office use only		
1. NAME OF COMMITTEE (in	full) (Che	eck if name nanged)	Example: If typying, type over the lines	12FE4M5	
Mike PAC					
ADDRESS (number and	street) PO Box 2	2485 			
X (Check if address is changed)	ess Springfie	eld			22152 _ 0485
			CITY	STATE	ZIP CODE 📥
COMMITTEE'S E-MAI					
	centricoffice.com				
			11111111111		
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
COMMITTEE'S FAX N 703 569-9004	IUMBER				
2. DATE 0.5	0 5 Y Y Y	0 0 6			
3. FEC IDENTIFICA	TION NUMBER	C	C00383422		
4. IS THIS STATEM	IENT NEW (N)	OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to th	e best of my know	ledge and belief it is true, correct a	nd complete	
Type or Print Name of	Treasurer <b>Jose</b>	ph Oakes III			
,					
Signature of Treasurer	Electronically Filed by	Joseph Oa	kes III	Date 05	05 2006
NOTE: Submission of fall	·	-	subject the person signing this Sta	·	s of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Office Party Affiliation Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	(d) This committee is a (or subordinate) committee of the Rep	mocratic, ublican,etc.) Party.					
	<ul> <li>(e) This committee is a separate segregated fund</li> <li>(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund</li> </ul>	d or party					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	u or party					
ŝ.	Name of Any Connected Organization or Affiliated Committee						
	None						
L							
	Mailing Address						
	CITY▲ STATE▲ Z	IP CODE					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organizatio	n					
	Membership Organization Trade Association Cooperative						

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Write or Type Committee Name							
Mike PAC							
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Bob Car	lin						
Mailing Address	PO Box 2485						
	Springfield	VA	22152 _ 0485				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
Custodian e	of Records	Telephone number	6125				
name and address of any of Full Name of Treasurer  Joseph	and address (phone number optio designated agent (e.g., assistant tre	nal) of the treasurer of the comm asurer).	ittee; and the				
Mailing Address	11 Joanna Way						
	Summit		07901 – 3110				
Title or Position ♥	CITY A	STATE▲	ZIP CODE A				
Treasurer		Telephone number 908					
Full Name of Designated Agent							
Mailing Address							
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A				
		Telephone number					

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.						
	Mailing Address	National City Bank  51189 Shelby Parkway					
		Shelby Township MI	48315   _				
		CITY A STATE A	ZIP CODE 🛆				